

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Saint John's Health SystemCity: Anderson County: Madison Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	20	622	4,559	\$1,959
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	81	4,295	20,881	\$2,721
Neonatal Intermed	0	0	0	\$0
Obstetrics	10	561	1,290	\$1,173
Pediatric	0	0	0	\$0

Psychiatric	17	572	4,101	\$4,216
Rehabilitation	19	295	3,625	\$6,897
Substance Abuse	24	825	4,288	\$3,626
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	171	7,170	38,744	NA
Normal Newborn	10	477	1,098	\$998

II. Outpatient Visits			
Circulatory System	11,539	Digestive System	6,102
Endocrine System	332	Injuries and Poison	11,271
Mental Disorder	1,854	Musculoskeletal	16,638
Neoplasms	6,114	Nervous	7,003
Respiratory	8,416	Urinary	12,631
Other/Unknown	72,804	Total Visits	154,434
Number of Visits to Emergency Department			35,220
Percent of Emergency Department Visits of Total Visits			22.8%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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